### Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Document Page 1 of 67

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF SOUTH CAROLINA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	James First name  Elbert  Middle name  McCarson  Last name and Suffix (Sr., Jr., II, III)	Bessie First name  Lou Middle name  Mccarson Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4339	xxx-xx-7764

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Debtor 1 James Elbert McCarson
Debtor 2 Bessie Lou Mccarson

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)	■ I have not used any business name or EINs.  Business name(s)
		EINs	EINs
5.	Where you live	100 Bob White Court Easley, SC 29642	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Pickens County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code		Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	otor 2 Bessie Lou Mccar	son				Case number (if known)	
Par	Tell the Court About	Your Bankru	ıptcy Ca	se			
7. The chapter of the Bankruptcy Code you are choosing to file under  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	Chapte	r 7				
		☐ Chapte	r 11				
		☐ Chapte	r 12				
		☐ Chapte	r 13				
8.	How you will pay the fee	abou ordei a pre	t how yo r. If your e-printed	u may pay. Typically, if you attorney is submitting your address.	i are paying the fee payment on your be	neck with the clerk's office in your local court for more detail yourself, you may pay with cash, cashier's check, or more ehalf, your attorney may pay with a credit card or check with the cash the Application for Individuals to Pro-	ey th
		☐ I nee	ed to pay Filing Fe	ption, sign and attach the Application for Individuals to Pay			
		☐ I req but is appli	uest that s not request to you	t my fee be waived (You ruired to, waive your fee, and ir family size and you are u	may request this opt d may do so only if mable to pay the fee	tion only if you are filing for Chapter 7. By law, a judge may your income is less than 150% of the official poverty line the in installments). If you choose this option, you must fill outflicial Form 103B) and file it with your petition.	nat
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to li	ne 12.			
	residence?	☐ Yes.	Has yo	ur landlord obtained an evi	ction judgment agai	inst you?	
				No. Go to line 12.	, 5	•	
					ent About an Evictio	on Judgment Against You (Form 101A) and file it as part of	
			_	this bankruptcy petition.		, , , , , , , , , , , , , , , , , , ,	

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Deb	tor 2 Bessie Lou Mcca	rson		Case number (if known)
Par	Report About Any Bu	usinesses	You Own as a Sole Propr	ietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of b	usiness
	A sole proprietorship is a			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if ar	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, S	tate & ZIP Code
	it to this petition.		Check the appropriate	box to describe your business:
			☐ Health Care Bu	siness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))
			☐ Commodity Bro	ker (as defined in 11 U.S.C. § 101(6))
			☐ None of the about	ve
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of d federal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	No.	I am not filing under Ch	apter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	r Have Any	y Hazardous Property or A	any Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat	☐ Yes.		
	of imminent and identifiable hazard to public health or safety?		What is the hazard?	
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where is the property?	
	urgent repairs?			Number, Street, City, State & Zip Code
				Number, Street, Oity, State & Zip Code

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Debtor 1 James Elbert McCarson
Debtor 2 Bessie Lou Mccarson Case number (if known)

# 15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Document Page 6 of 67

	otor 2 Bessie Lou Mccar				Case nu	umber (if known)	
Par	t 6: Answer These Quest	ions for Re	porting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily conindividual primarily for a person			e defined in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily businensy for a business or investi				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe	e that are not consum	ner debts or bus	siness debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7.	. Go to line 18.			
Do you estimate that after any exempt property is excluded and		■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will		No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	<b>■</b> 1-49		<b>1</b> ,000-5,000		☐ 25,001-50,000	
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		☐ 50,001-100,000	
		☐ 100-19 ☐ 200-99		□ 10,001-25,00	00	☐ More than100,000	
19.	How much do you	<b>\$</b> 0 - \$5	50,000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?		1 - \$100,000	\$10,000,001		\$1,000,000,001 - \$10 billion	
			01 - \$500,000 101 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
20.	How much do you	<b>\$</b> 0 - \$5	50,000	□ \$1,000,001 -	\$10 million	□ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		01 - \$100,000	\$10,000,001		\$1,000,000,001 - \$10 billion	
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		<b>—</b> ф300,0	or - \$1 million				
Par	7: Sign Below						
For	you	I have exa	amined this petition, and I decla	re under penalty of p	erjury that the i	nformation provided is true and correct.	
						gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.	
			ney represents me and I did not r, I have obtained and read the r			is not an attorney to help me fill out this o).	
		I request i	relief in accordance with the cha	apter of title 11, Unite	ed States Code,	, specified in this petition.	
			y case can result in fines up to			ney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519	
		/s/ Jame	s Elbert McCarson			ou Mccarson	
			Elbert McCarson of Debtor 1		Bessie Lou Signature of D		
		Executed	on <b>February 20, 2019</b>		Executed on	February 20, 2019	
			MM / DD / YYYY			MM / DD / YYYY	

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Debtor 2	Bessie Lou Mccarson	Case number (if known)	
Deblor	James Elbert McCarson		

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Däna W	/ilkinson	Date	February 20, 2019
Signature of	Attorney for Debtor		MM / DD / YYYY
	inson 04663		
Printed name			
Upright La	aw		
Firm name			
365-C Eas	t Blackstock Road		
Spartanbu	ırg, SC 29301		
	City, State & ZIP Code		
			danawilkinson@danawilkinsonlaw.c
Contact phone	864-574-7944	Email address	om
04663 SC			
Bar number & S	tate		<del></del>

	1700.11111	HI Paue o ULO/	
mation to identify your	case:		
James Elbert Mc	Carson		
First Name	Middle Name	Last Name	
Bessie Lou Mcca	rson		
First Name	Middle Name	Last Name	
ankruptcy Court for the:	DISTRICT OF SOUTH (	CAROLINA	
			☐ Check if this is an amended filing
	James Elbert McG First Name Bessie Lou Mcca First Name	James Elbert McCarson First Name Middle Name  Bessie Lou Mccarson First Name Middle Name	Tames Elbert McCarson First Name Middle Name Last Name  Bessie Lou Mccarson First Name Middle Name Last Name

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,128.56
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,128.56
Pai	t 2: Summarize Your Liabilities		
			<b>abilities</b> you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	24,178.08
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	12,063.86
	Your total liabilities	\$	36,241.94
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,822.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,868.67
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	edules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 James Elbert McCarson
Debtor 2 Bessie Lou Mccarson

Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

260.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Oak	30 10 01000 Hb - E	Document	Page 10 of 67	1,13 12.23.33	Desc Mair
Fill in this info	rmation to identify your ca				
Debtor 1	James Elbert McCa	rson Middle Name	Last Name		
Debtor 2	Bessie Lou Mccarse		Zaot Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States B	sankruptcy Court for the: D	ISTRICT OF SOUTH CAROLII	NA		
Case number			_		☐ Check if this is an amended filing
_	orm 106A/B				
<u>Schedu</u>	<u>le A/B: Prope</u>	rty			12/15
Part 1: Describe  Do you own or  No. Go to Pa	estion. e Each Residence, Building, L have any legal or equitable in	eparate sheet to this form. On th and, or Other Real Estate You Ov terest in any residence, building	vn or Have an Interest In	es, write your name and ca	se number (if known).
3. Cars, vans, t  ☐ No  ■ Yes	rucks, tractors, sport utilit	y vehicles, motorcycles			
3.1 Make:	Dodge	Who has an interest in th	e property? Check one		claims or exemptions. Put
Model:	Ram	Debtor 1 only			red claims on Schedule D: laims Secured by Property.
Year:	2003	Debtor 2 only		Current value of the	Current value of the
Approxima Other info	ate mileage: 250000 rmation:	<ul><li>Debtor 1 and Debtor 2</li><li>At least one of the debt</li></ul>		entire property?	portion you own?
Vehicle engine,	07HU18N83S140423; does not run, needs has not operated in o years.	Check if this is comm (see instructions)		\$500.00	\$500.00
Examples: Bo  No Yes  Add the doll pages you h	lar value of the portion you nave attached for Part 2. W	s and other recreational vehicle watercraft, fishing vessels, sread of the second of t	rom Part 2, including any	ccessories	\$500.00  Current value of the
					portion you own?

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Page 11 of 67 Document Debtor 1 James Elbert McCarson Debtor 2 **Bessie Lou Mccarson** Case number (if known) 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 \$2,270.00 years, window a/c unit 10+years. Queen Bed, Chest, Dresser w/mirror 6 years old, Dining table w/8 \$400.00 chairs 8 years old. \$100.00 12 x 4 safe - without key, cannot be opened \$0.00 Queen Mattress and Box Spring-no resale value 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$1,000.00 Household electronics, including cell phones, Acer laptop and TV 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... Electric/Accoustic Guitar and Amp \$260.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing \$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

Yes. Describe.....

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	mes Elbert McCa essie Lou Mccars	rson	Case number (if known)	
	Jewel	ry, including we	dding bands	\$600.00
13. <b>Non-farm a</b> Examples:  ☐ No  ☐ Yes. Des	Dogs, cats, birds, ho	rses		
	1 Chil	nuahua		\$0.00
■ No	personal and house e specific information		I not already list, including any health aids you did not list	
			Part 3, including any entries for pages you have attached	\$5,130.00
Part 4: Describ	e Your Financial Asset	s		
Do you own or	r have any legal or e	quitable interest ii	n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No			ome, in a safe deposit box, and on hand when you file your petit	s14.00
			Casii	<b></b>
	Checking, savings, o institutions. If you ha		counts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each.  Institution name:	houses, and other similar
		Checking	Wells Fargo account ending 2791	\$178.75
				-
	17.2.	Savings	Wells Fargo account ending 2189	\$23.50
	17.3.	Checking	Wells Fargo account ending 7085	\$267.74
	17.4.	Savings	Wells Fargo account ending 7958	\$14.57
	·		rokerage firms, money market accounts	
	ly traded stock and	interests in incorp	porated and unincorporated businesses, including an intere	st in an LLC, partnership, and
	e specific information 6A/B	about them	 Schedule A/B: Property	page 3

Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Page 13 of 67 Document James Elbert McCarson Debtor 1 Debtor 2 Case number (if known) **Bessie Lou Mccarson** Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No  $\square$  Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years......

No tax refunds, have not filed tax returns in over 20 years.

Federal and state

\$0.00

#### 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

☐ Yes. Give specific information.....

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Debtor 2 Bessie Lou Mccarson		Case number (if known)			
Exa	benefits; unpa	e owes you , disability insurance payments, disability benefits, sick id loans you made to someone else	x pay, vacation pay, workers' compens	sation, Social Security	
■ No		mation.			
LI YE	es. Give specific inform	nation			
		olicies ity, or life insurance; health savings account (HSA); cr	edit, homeowner's, or renter's insuranc	ce	
■ Ye	es. Name the insuranc	e company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:	
		Liberty Banker's Life Modified Whole Life policy. Policy date 2/3/18; no cash value.	Spouse	\$0.00	
		Gerber whole life policy. Policy date 3/8/18; no cash value.	Spouse	\$0.00	
		Gerber whole life policy, policy date 2/14/18; no cash value	Spouse	\$0.00	
		Gerber Life accidental death policy-no cash value		\$0.00	
		Gerber Life accidental death policy-no cash value	Spouse	\$0.00	
If you	ou are the beneficiary one one has died.	that is due you from someone who has died of a living trust, expect proceeds from a life insurance	policy, or are currently entitled to recei	ve property because	
■ No					
⊔ Y€	es. Give specific inform	mation			
	mples: Accidents, em	ties, whether or not you have filed a lawsuit or mad ployment disputes, insurance claims, or rights to sue	le a demand for payment		
□ Ye	es. Describe each clai	m			
	_	liquidated claims of every nature, including counte	erclaims of the debtor and rights to	set off claims	
■ No	o es.  Describe each clai	im			
35. <b>Any</b>	financial assets you	did not already list			
■ No					
⊔ Y€	es. Give specific inform	mation			
		all of your entries from Part 4, including any entrie		\$498.56	
Part 5:	Describe Any Business	-Related Property You Own or Have an Interest In. List an	y real estate in Part 1.		
37. <b>Do y</b> o	ou own or have any lega	al or equitable interest in any business-related property?			
■ No.	Go to Part 6.				
☐ Yes	. Go to line 38.				

Official Form 106A/B Schedule A/B: Property page 5

Deb	tor 1	James Elbert McCarson	ent I	age 15 of	67	
	tor 2	Bessie Lou Mccarson			Case number (if known)	
Part		cribe Any Farm- and Commercial Fishing-Related Property	y You Own	or Have an Interes	t In.	
46. <b>[</b>	Do you	own or have any legal or equitable interest in any f	arm- or co	mmercial fishin	g-related property?	
	No. (	Go to Part 7.				
	☐ Yes.	Go to line 47.				
Part	7:	Describe All Property You Own or Have an Interest in The	at You Did N	Not List Above		
	Examp No Yes. (	have other property of any kind you did not already les: Season tickets, country club membership  Give specific information  ne dollar value of all of your entries from Part 7. Write the Totals of Each Part of this Form		mber here		\$0.00
55.	Part 1	: Total real estate, line 2				\$0.00
		: Total vehicles, line 5		\$500.00		
57.	Part 3	: Total personal and household items, line 15		\$5,130.00		
58.	Part 4	: Total financial assets, line 36		\$498.56		
59.	Part 5	: Total business-related property, line 45		\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7	: Total other property not listed, line 54	+	\$0.00		
62.	Total	personal property. Add lines 56 through 61		\$6,128.56	Copy personal property to	tal <b>\$6,128.56</b>

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$6,128.56

Fill in this infor	mation to identify your	case:			
Debtor 1	James Elbert McCarson				
	First Name	Middle Name	Last Name		
Debtor 2	Bessie Lou Mcca	rson			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number					
(if known)					

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.	
	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)	

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Check only one box for each exemption. Schedule A/B				
Furniture, appliances and miscellaneous household items	\$2,270.00		\$2,270.00	S.C. Code Ann. § 15-41-30(A)(3)	
including; refrigerator, stove, microwave, dishwasher, all 8-9 years window a/c unit 10+years. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	10 41 30(A)(0)	
Queen Bed, Chest, Dresser w/mirror 6 years old, Dining table w/8 chairs 8	\$400.00		\$400.00	S.C. Code Ann. § 15-41-30(A)(3)	
years old, billing table w/o chairs o years old. Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit		
12 x 4 safe - without key, cannot be opened	\$100.00		\$100.00	S.C. Code Ann. § 15-41-30(A)(3)	
Line from Schedule A/B: <b>6.3</b>			100% of fair market value, up to any applicable statutory limit	( // /	
Household electronics, including cell phones, Acer laptop and TV	\$1,000.00		\$1,000.00	S.C. Code Ann. § 15-41-30(A)(3)	
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	( //-)	
Electric/Accoustic Guitar and Amp Line from Schedule A/B: 9.1	\$260.00		\$260.00	S.C. Code Ann. § 15-41-30(A)(3)	
EING HOITI GONGGUIC AV.D. 3.1			100% of fair market value, up to any applicable statutory limit	10 41 00(7)(0)	

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James Elbert McCarson Debtor 1 **Bessie Lou Mccarson** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Clothing S.C. Code Ann. § \$500.00 \$500.00 Line from Schedule A/B: 11.1 15-41-30(A)(3) 100% of fair market value, up to any applicable statutory limit Jewelry, including wedding bands S.C. Code Ann. § \$600.00 \$600.00 Line from Schedule A/B: 12.1 15-41-30(A)(4) 100% of fair market value, up to any applicable statutory limit Cash S.C. Code Ann. § \$14.00 \$14.00 Line from Schedule A/B: 16.1 15-41-30(A)(5) 100% of fair market value, up to any applicable statutory limit **Checking: Wells Fargo account** S.C. Code Ann. § \$178.75 \$178.75 ending 2791 15-41-30(A)(5) Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Wells Fargo account ending S.C. Code Ann. § \$23.50 \$23.50 2189 15-41-30(A)(5) Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: Wells Fargo account** S.C. Code Ann. § \$267.74 ending 7085 15-41-30(A)(5) Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Savings: Wells Fargo account ending S.C. Code Ann. § \$14.57 \$14.57 7958 15-41-30(A)(5) Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

		Document	Page 18	of 67		
Fill in this informat	tion to identify you	r case:				
Debtor 1	James Elbert Mo	cCarson				
	First Name	Middle Name	Last Name		-	
Debtor 2	Bessie Lou Mcc	arson				
(Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Bankı	ruptcy Court for the:	DISTRICT OF SOUTH CAROL	INA		-	
Case number						
(if known)					☐ Check	if this is an
					_	ded filing
						Ü
Official Form	106D					
Schedule D	: Creditors	Who Have Claims	Secured	by Propert	V	12/15
				<u> </u>		
		f two married people are filing togeth out, number the entries, and attach it				
number (if known).	<b>3</b> /	,				
1. Do any creditors ha	ve claims secured by	your property?				
□ No. Check th	nis box and submit th	nis form to the court with your other	schedules. Yo	u have nothing else t	to report on this form.	
Yes Fill in al	I of the information b	nelow				
		SCIOW.				
Part 1: List All S	Secured Claims			Column A	Column B	Column C
		nore than one secured claim, list the cre a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's nam		Do not deduct the	that supports this	portion
0.4 Davida a da <b>F</b> .a		B	41 1-1	value of collateral.	claim	If any
2.1 Badcock Fu	irniture	Describe the property that secures		\$3,821.58	\$400.00	\$3,421.58
Creditor's Name		Queen Bed, Chest, Dresser				
		6 years old, Dining table w/8 years old.	chairs			
	un Memorial	As of the date you file, the claim is:	Check all that			
Hwy Easley, SC 2	20640	apply.				
		Contingent				
Number, Street, Ci	ty, State & Zip Code	Unliquidated				
Who owes the debt	2 Charle and	Disputed				
_	r Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as car loan)	mortgage or secu	ured		
_		Statutory lien (such as tax lien, me	obanio'a lian)			
Debtor 1 and Debto			chanic's lien,			
At least one of the		Judgment lien from a lawsuit	Durchase M	loney Security		
Check if this clain community debt	n relates to a	Other (including a right to offset)	Fulcilase W	oney Security		
Date debt was incurre	ed 2015	Last 4 digits of account num	ber <u>8959</u>			
2.2 Farmers Fu	rnituro	Describe the property that secures	the claim:	\$1,155.00	\$0.00	\$1,155.00
Creditor's Name	illiture	Lawnmower, 12 x 4 safe		φ1,133.00	Ψ0.00	φ1,133.00
Attn: Bankr	untcv	Lawiiiiowei, 12 x 4 Saie				
Department	. ,					
Po Box 1140	0	As of the date you file, the claim is: apply.	Check all that			
Dublin, GA	31040	☐ Contingent				
Number, Street, Cit	ty, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as	mortgage or secu	ured		
Debtor 2 only		car loan)				
Debtor 1 and Debto	or 2 only	$\square$ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the		☐ Judgment lien from a lawsuit				
☐ Check if this clain	n relates to a	Other (including a right to offset)	Purchase M	loney Security		

community debt

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Debtor 1		ert McCarson		Case number (if known)		
Debtor 2	First Name	Middle Na u Mccarson	ame Last Name			
Debioi 2	First Name	Middle N	ame Last Name			
Date debt	was incurred	Opened 12/14 Last Active 7/15/16	Last 4 digits of account number 327	3		
	eMain Finaı	ncial	Describe the property that secures the claim:	\$6,973.00	\$500.00	\$6,473.00
Cred	litor's Name		2003 Dodge Ram 250000 + miles VIN# 1D7HU18N83S140423; Vehicle does not run, needs engine, has not			
601	n: Bankrup 1 Nw 2nd St ansville, IN	reet	operated in over two years.  As of the date you file, the claim is: Check all that apply.  Contingent			
Num	ber, Street, City, S	tate & Zip Code	☐ Unliquidated			
Who owe	es the debt? C	heck one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor ☐ Debtor	,		An agreement you made (such as mortgage or car loan)	secured		
_	1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien	)		
☐ At leas	t one of the deb	tors and another	☐ Judgment lien from a lawsuit			
	if this claim re	lates to a	Other (including a right to offset)	ın		
		Opened 09/15 Last Active	Last 4 digits of account number 961	4		
Date debt	was incurred	8/09/16	Last 4 digits of account number 961			
2.4 <b>Pro</b>	Leasing, L	LC	Describe the property that secures the claim:	\$772.50	\$0.00	\$772.50
Cred	litor's Name		Queen Mattress and Box Spring-no resale value			
_	Box 41311 It Lake City,		As of the date you file, the claim is: Check all that apply.  Contingent			
Num	ber, Street, City, S	tate & Zip Code	☐ Unliquidated			
Who owe	es the debt? C		☐ Disputed			
■ Daktas		heck one.	Nature of lien. Check all that apply.			
	1 only	heck one.		secured		
Debtor	2 only		Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)			
Debtor	2 only 1 and Debtor 2		Nature of lien. Check all that apply.  An agreement you made (such as mortgage or			
☐ Debtor ☐ Debtor ☐ At leas: ☐ Check	2 only 1 and Debtor 2	only tors and another	Nature of lien. Check all that apply.      ■ An agreement you made (such as mortgage or car loan)      □ Statutory lien (such as tax lien, mechanic's lien □ Judgment lien from a lawsuit			
☐ Debtor ☐ Debtor ☐ At leas ☐ Check	2 only 1 and Debtor 2 at one of the deb	only tors and another	Nature of lien. Check all that apply.      An agreement you made (such as mortgage or car loan)      Statutory lien (such as tax lien, mechanic's lien.      Judgment lien from a lawsuit	e Money Security		
Debtor Debtor At leas Check comm	2 only 1 and Debtor 2 at one of the debt if this claim renunity debt	only tors and another clates to a	Nature of lien. Check all that apply.  ■ An agreement you made (such as mortgage or car loan)  □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit ■ Other (including a right to offset)  Purchas	e Money Security	\$2,270.00	\$0.00
Debtor Debtor At leas Check comm Date debt	2 only 1 and Debtor 2 2 tone of the debt 2 if this claim renunity debt 2 was incurred	only tors and another clates to a	Nature of lien. Check all that apply.  ■ An agreement you made (such as mortgage or car loan)  □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit ■ Other (including a right to offset)  Last 4 digits of account number  350  Describe the property that secures the claim: Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 years, window a/c unit 10+years.	e Money Security  0  \$1,180.00	\$2,270.00	\$0.00
Debtor Debtor At leas Check comm Date debt  2.5 Qui Cred	2 only 1 and Debtor 2 at one of the debt if this claim renunity debt was incurred ick Credit ditor's Name	only tors and another plates to a 2016	Nature of lien. Check all that apply.  ■ An agreement you made (such as mortgage or car loan)  □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit ■ Other (including a right to offset)  Purchas  Last 4 digits of account number 350  Describe the property that secures the claim:  Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 years, window a/c unit 10+years.  As of the date you file, the claim is: Check all that apply.	e Money Security  0  \$1,180.00	\$2,270.00	\$0.00
Debtor Debtor At leas Check comm Date debt  2.5 Qu Cred	2 only 1 and Debtor 2 st one of the debt if this claim renunity debt was incurred ick Credit ditor's Name	only tors and another lates to a  2016	Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Purchas  Last 4 digits of account number  350  Describe the property that secures the claim:  Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 years, window a/c unit 10+years.  As of the date you file, the claim is: Check all that	e Money Security  0  \$1,180.00	\$2,270.00	\$0.00

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	ert McCarson		_	Case number (if known)		
First Name	Middle Na	ame Last Name				
Debtor 2 Bessie Lo	u Mccarson  Middle Na	ame Last Name	_			
Debtor 1 only		An agreement you made (such as i	mortgage or	secured		
Debtor 2 only		car loan)	0 0			
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim re community debt	lates to a	Other (including a right to offset)	Non-Pur	chase Money Security		
Date debt was incurred	2011	Last 4 digits of account numl	ber 871	9		
	2011			<u> </u>		
2.6 Quick Credit		Describe the property that secures t	he claim:	\$798.00	\$2,270.00	\$0.00
Creditor's Name		Furniture, appliances and				
		miscellaneous household ite including; refrigerator, stove				
		microwave, dishwasher, all				
		years, window a/c unit 10+ye	ears.			
1110 N. Main S	St.	As of the date you file, the claim is: apply.	Check all that			
Anderson, SC	29621	Contingent				
Number, Street, City, S	tate & Zip Code	☐ Unliquidated				
		Disputed				
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as r	mortgage or	secured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2  At least one of the deb	•	Statutory lien (such as tax lien, med	chanic's lien)			
Check if this claim re		Judgment lien from a lawsuit	Non-Pur	chase Money Security		
community debt	iales to a	Other (including a right to offset)	110111 41	onase money occurry		
Date debt was incurred	2016	Last 4 digits of account numl	ber <u>709</u>	1		
2.7 Repubic Finan	ice	Describe the property that secures t	the claim:	\$4,191.00	\$2,270.00	\$3,899.00
Creditor's Name		Furniture, appliances and				
		miscellaneous household ite				
		including; refrigerator, stove microwave, dishwasher, all				
0400 N DI		years, window a/c unit 10+years				
2400 N Pleasar Ste F	ntburg Dr S	As of the date you file, the claim is:		J		
Greenville, SC	29609	apply.  Contingent				
Number, Street, City, S		☐ Unliquidated				
		Disputed				
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as r	mortgage or	secured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2		Statutory lien (such as tax lien, med	chanic's lien)			
At least one of the deb		Judgment lien from a lawsuit	Nan Dun	ahaaa Manay Caayeity		
☐ Check if this claim re community debt	elates to a	Other (including a right to offset)	NON-Pur	chase Money Security		
	Opened					
	07/16 Last					
	Active			_		
Date debt was incurred	8/09/16	Last 4 digits of account numl	ber 101	9		
20 Coutham Fig.	noo	Describe the preparty that account	the eleler:	£4 227 00	¢2 270 00	¢4 007 00
2.8 Southern Fina	nce	Describe the property that secures t	.ne cidim:	\$1,237.00	\$2,270.00	\$1,237.00

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor 1 James Elbert McCarso	on	Case number (if known)		
	e Name Last Name	-		
Debtor 2 Bessie Lou Mccarson First Name Middle	Name Last Name			
Creditor's Name	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 years, window a/c unit 10+years.			
112 NW Main St Easley, SC 29640	As of the date you file, the claim is: Check all apply.	that		
Number, Street, City, State & Zip Code	Contingent			
,,,,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage car loan)	e or secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)		
At least one of the debtors and another	<u> </u>			
☐ Check if this claim relates to a community debt	Other (including a right to offset)  Non-f	Purchase Money Security		
Opened 07/16 Last Active Date debt was incurred 8/04/16		3990		
2.9 World Acceptance/Finance Corp	Describe the property that secures the clair	n: \$2,025.00	\$2,270.00	\$2,025.00
Attn: Bankruptcy Po Box 6429 Greenville, SC 29606  Number, Street, City, State & Zip Code  Who owes the debt? Check one.	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 years, window a/c unit 10+years.  As of the date you file, the claim is: Check all apply.  Contingent Unliquidated Disputed	that		
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	An agreement you made (such as mortgage car loan)	e or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)		
☐ At least one of the debtors and another	_ , ,	- /		
☐ Check if this claim relates to a community debt	Other (including a right to offset) Non-F	Purchase Money Security		
Opened 08/16 Last Active Date debt was incurred 12/31/16		801		
World Acceptance/Finance Corp	Describe the property that secures the clair	n: \$2,025.00	\$2,270.00	\$2,025.00

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Debte		ert McCarson		Case	number (if known)	
Dalar	First Name	Middle Na	ame Last Name			
Debto	or 2 Bessie Lo	U Mccarson Middle Na	ame Last Name			
	. not riamo	·····daio ····	2450 (1411)			
_	Creditor's Name		Furniture, appliances and miscellaneous household item including; refrigerator, stove, microwave, dishwasher, all 8-5	9		
	Attn: Bankrup	tcy	years, window a/c unit 10+yea			
	Po Box 6429		As of the date you file, the claim is: Che apply.	eck all that		
_	Greenville, SC	29606	☐ Contingent			
	Number, Street, City, S	State & Zip Code	Unliquidated			
Who	owes the debt? C	heck one.	☐ Disputed  Nature of lien. Check all that apply.			
	ebtor 1 only ebtor 2 only		An agreement you made (such as mor car loan)	rtgage or secured		
	ebtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mecha	ınic's lien)		
	least one of the deb	=	☐ Judgment lien from a lawsuit	,		
	neck if this claim re ommunity debt	elates to a	Other (including a right to offset)	on-Purchase	Money Security	_
		Opened 08/16 Last Active				
Date	debt was incurred	12/31/16	Last 4 digits of account number	2401		
If th Writ	is is the last page te that number here	of your form, add e:	olumn A on this page. Write that number the dollar value totals from all pages. r a Debt That You Already Listed	r here:	\$24,178.08 \$24,178.08	
trying than o	to collect from yo	u for a debt you o y of the debts that	we to someone else, list the creditor in F you listed in Part 1, list the additional c	Part 1, and then li	ady listed in Part 1. For example, if a collection agency is ist the collection agency here. Similarly, if you have mor ou do not have additional persons to be notified for any	е
	Name, Number, St	reet, City, State & 2	Zip Code	On which line	e in Part 1 did you enter the creditor? 2.2	
	Farmers Furn	iture				
	Po Box 1140 Dublin, GA 31	040		Last 4 digits	of account number	
	Name, Number, St Southern Fina 150 Executive PO Box 102 Greenville, SC	Center	Zip Code		e in Part 1 did you enter the creditor? _2.8_ of account number	
	Siconvine, St					
	Name, Number, St World Accept 504 W Main S Suite 6 Easley, SC 29	t			e in Part 1 did you enter the creditor? of account number	
		reet City State & 2				
	Po Box 6429 Greenville, SC	ance/Finance	•		e in Part 1 did you enter the creditor? _2.10_ of account number	

		Docume	ent Page 23 (	OT b /	_		
Fill in this info	ormation to identify your case:						
Debtor 1	James Elbert McCarso	n					
	First Name	Middle Name	Last Name				
Debtor 2	Bessie Lou Mccarson						
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for the: DIS	TRICT OF SOUTH	CAROLINA				
Case number							
(if known)						Check if this i amended filin	
Official Fo	rm 106F/F						
	E/F: Creditors Who	Have Unsec	ured Claims			12	2/15
any executory co Schedule G: Exe Schedule D: Cred left. Attach the C name and case n	and accurate as possible. Use Part ontracts or unexpired leases that c- cutory Contracts and Unexpired Le ditors Who Have Claims Secured b ontinuation Page to this page. If yo number (if known).  All of Your PRIORITY Unsecur	ould result in a claim eases (Official Form y Property. If more s ou have no informati	<ul> <li>Also list executory con 106G). Do not include any pace is needed, copy the</li> </ul>	tracts on Schedule A/B: / creditors with partially Part you need, fill it out,	Property (Offic secured claims number the en	ial Form 106A s that are liste ntries in the b	A/B) and on ed in oxes on the
1. Do any cred	litors have priority unsecured clain	ns against you?					
☐ No. Go to	Part 2.						
Yes.							
identify what possible, list Part 1. If mo	our priority unsecured claims. If a country pe of claim it is. If a claim has both the claims in alphabetical order accountry are than one creditor holds a particular anation of each type of claim, see the	priority and nonpriority and nonpriority ording to the creditor's r claim, list the other controls.	y amounts, list that claim he name. If you have more tha reditors in Part 3.	ere and show both priority an two priority unsecured o	and nonpriority a laims, fill out the <b>Priority</b>	amounts. As me Continuation  Nonp	nuch as Page of priority
00 D		Local A. Politico		<b>*</b> 0.00	amount	amou	
	epartment of Revenue Creditor's Name	Last 4 digits o	of account number	\$0.00		§0.00_	\$0.00
PO Bo	ox 125	When was the	e debt incurred?		_		
	nbia, SC 29214 r Street City State Zip Code	As of the date	you file, the claim is: Che	ack all that annly			
	red the debt? Check one.	☐ Contingent	•	sok all triat apply			
☐ Debtor	1 only	☐ Unliquidate					
☐ Debtor 2	•		eu				
_	1 and Debtor 2 only	☐ Disputed	RITY unsecured claim:				
	·		upport obligations				
_	one of the debtors and another	_					
	if this claim is for a community de n subject to offset?		certain other debts you owe death or personal injury whi	· ·			
■ No	ii subject to onset?	_		ie you were intoxicated			
☐ Yes		Other. Spe	Notice only				
Part 2: List	All of Your NONPRIORITY Uns	secured Claims					
3. Do any cred	litors have nonpriority unsecured of	:laims against you?					
□ No. You I	have nothing to report in this part. Su	bmit this form to the co	ourt with your other schedul	les.			
Yes.							
unsecured cl	our nonpriority unsecured claims in laim, list the creditor separately for ea ditor holds a particular claim, list the	ach claim. For each cla	aim listed, identify what type	of claim it is. Do not list c	laims already ind	cluded in Part	1. If more

Total claim

Part 2.

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Debtor 2	James Elbert McCarson Bessie Lou Mccarson		Case number (if known)	
4.1	Allstate Auto Insurance	Last 4 digits of account number	8900	\$642.22
	Nonpriority Creditor's Name c/o Credit Collection Services 725 Clayton Street Norwood, MA 02062	When was the debt incurred?	2017	
_	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	t claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify Allstate Aut		
	Yes	Other. Specify Allstate Au	to insurance conection	
	Applied Business Services, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	1279	\$945.00
	Security Collection Agency 617 Southside Rd. Edenton, NC 27932	When was the debt incurred?		
=	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Medical del	ot	
	Baptist Easley Physicians Nonpriority Creditor's Name	Last 4 digits of account number		\$131.00
	PO Box 2089 Easley, SC 29641	When was the debt incurred?	2017	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify medical		

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	or 2 Bessie Lou Mccarson	Case number (if known)	
4.4	Blue Ridge Electric	Last 4 digits of account number unknown	Unknown
	Nonpriority Creditor's Name 734 W Main St Pickens, SC 29671	When was the debt incurred? unknown	_
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify prior utility service	_
4.5	Broad River Electric	Last 4 digits of account number unknown	Unknown
	Nonpriority Creditor's Name 811 Hamrick St Gaffney, SC 29340	When was the debt incurred? various	_
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify prior utility services	_
4.6	Cannon Memorial Hospital Nonpriority Creditor's Name	Last 4 digits of account number 0001	\$371.45
	123 WG Acker Drive Pickens, SC 29671	When was the debt incurred? 9/2016	_
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	□ res	Other. Specify medical	

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Debtor 1 James Elbert McCarson Case number (if known) Debtor 2 Bessie Lou Mccarson 4.7 \$663.00 **Cbe Group** Last 4 digits of account number 1021 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened 2/13/18 1309 Technology Parkway Cedar Falls, IA 50613 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charter Communications ☐ Yes 4.8 **Commission of Public Works** Last 4 digits of account number Unknown unknown Nonpriority Creditor's Name When was the debt incurred? 301 McCall St Greer, SC 29650 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify prior utility service ☐ Yes 4.9 Dacusville Cedar Rock Water Co. Last 4 digits of account number Unknown unknown Nonpriority Creditor's Name c/o Bethlehem Roanoke Water When was the debt incurred? unknown District 4502 Moorfield Memorial Pickens, SC 29671 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify prior utility services ☐ Yes

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Debtor Debtor	James Elbert McCarson Bessie Lou Mccarson		Case number (if known)	
4.1 0	Diversified Consultants, Inc.	Last 4 digits of account number	5874	\$340.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551268 Jacksonville, FL 32255	When was the debt incurred?	Opened 04/17	
•	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Dish Network	
4.1	Duke Energy	Last 4 digits of account number	unknown	Unknown
	Nonpriority Creditor's Name PO Box 1003 Charlotte, NC 28201	When was the debt incurred?	unknown	
-	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify prior utility		
4.1	Easley Combined Utility System	Last 4 digits of account number	unknown	Unknown
	Nonpriority Creditor's Name 110 Pendleton St Easley, SC 29640	When was the debt incurred?	unknown	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify prior utility	services	

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Debtor Debtor	1 James Elbert McCarson 2 Bessie Lou Mccarson		Case number (if known)	
4.1	ERC/Enhanced Recovery Corp	Last 4 digits of account number	9522	\$419.00
	Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256	When was the debt incurred?	Opened 12/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	<b>is:</b> Спеск ан tnat apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
		Collection	Attorney Charter	
	Yes	Other. Specify Communic		
4.1	Fort Hill Natural Gas	Last 4 digits of account number	unknown	Unknown
	Nonpriority Creditor's Name 311 S Pendleton St	When was the debt incurred?	unknown	
	Rumber Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	oneck all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify gas service		
	Li Tes	Other. Specify gas service	<del>-</del>	
4.1 5	GHC Equipment for Life  Nonpriority Creditor's Name	Last 4 digits of account number	6600	\$645.00
	PO Box 9098 Greenville, SC 29604	When was the debt incurred?	various	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing	og plane, and other similar debts	
	■ No		iy pians, and other similar debts	
	Yes	Other. Specify medical		

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Debtor 1 James Elbert McCarson Case number (if known) Debtor 2 Bessie Lou Mccarson 4.1 **Greenville County EMS** 6521 \$610.59 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 863 When was the debt incurred? 2/2015 Lewisville, NC 27023 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical 4.1 **Greenville Water System** unknown Unknown Last 4 digits of account number Nonpriority Creditor's Name 407 W Broad St When was the debt incurred? unknown Greenville, SC 29601 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify prior utility services ☐ Yes 4.1 Jefferson Capital Systems, LLC 9003 \$3,713.00 8 Last 4 digits of account number Nonpriority Creditor's Name Po Box 1999 When was the debt incurred? **Opened 12/15** Saint Cloud, MN 56302 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Verizon** ■ Other. Specify Wireless ☐ Yes

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Debtor Debtor	James Elbert McCarson Bessie Lou Mccarson	9	Case number (if known)	
4.1 9	New Port Medical Center	Last 4 digits of account number	2096	\$183.66
	Nonpriority Creditor's Name PO Box 743618 Atlanta, GA 30374	When was the debt incurred?	8/2015	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharir	ng plane, and other similar debte	
	■ No □ Yes		ig plans, and other similar debts	
	☐ Yes	Other. Specify Medical		
4.2	One Main/Springleaf Financial  Nonpriority Creditor's Name	Last 4 digits of account number	9763	\$0.00
	Cherrydale Point Shopping Ctr 3261 N Pleasantburg Dr Greenville, SC 29609	When was the debt incurred?	Opened 3/20/14 Last Active 8/06/15	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Notice only	<u> </u>	
4.2	Pioneer Publisher SVC, Inc.	Last 4 digits of account number	1549	\$917.70
	Nonpriority Creditor's Name c/o Malcolms Gerald and Associates, Inc.	When was the debt incurred?		
	332 South Michigan Ave. Suite 600 Chicago, IL 60604			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	□ Yes	■ Other Specify credit pure	hase	

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Debtor Debtor	1 James Elbert McCarson 2 Bessie Lou Mccarson	<b>o</b>	Case number (if known)	
4.2	Quick Credit/smc	Last 4 digits of account number	2010	\$1,244.00
	Nonpriority Creditor's Name 150 Executive Center Drive Greenville, SC 29615	When was the debt incurred?	Opened 07/16 Last Active 8/03/16	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separations.	d claim: aration agreement or divorce that you did not	
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharir	· ·	
	Yes	Other. Specify Note Loan		
4.2	Quick Credit/smc Nonpriority Creditor's Name	Last 4 digits of account number	1109	\$1,002.00
	150 Executive Center Drive Greenville, SC 29615	When was the debt incurred?	Opened 05/16 Last Active 8/03/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed  Type of NONPRIORITY unsecured  Student loans	d claim: aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharir		
	□ Yes	Other. Specify  Note Loan	g plants, and out of similar dobto	
4.2	Spartanburg Water System	Last 4 digits of account number	unknown	Unknown
	Nonpriority Creditor's Name 200 Commerce St Spartanburg, SC 29306	When was the debt incurred?	unknown	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d alaim.	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	No	report as priority claims  Debts to pension or profit-sharir	og plans, and other similar debts	
	Yes	Other Specify <b>prior utility</b>		

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Debtor 1 James Elbert McCarson Debtor 2 Bessie Lou Mccarson Case number (if known) 4.2 Vengroff Williams, Inc. 4462 \$236.24 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 4155 When was the debt incurred? 2017 Sarasota, FL 34230-4155 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify uhaul overtime charges 4.2 Verizon Wireless 0001 Unknown Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 4846 When was the debt incurred? 2013 Trenton, NJ 08650 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify wireless services ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Cbe Group Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1309 Technology Pkwy Part 2: Creditors with Nonpriority Unsecured Claims Cedar Falls, IA 50613 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Diversified Consultants, Inc. Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P O Box 551268 Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32255 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **ERC/Enhanced Recovery Corp** Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 8014 Bayberry Rd Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32256 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 F/F

12339 Cutten Rd

**FMN Alliance** 

Line 4.20 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 2 Bessie Lou Mccarson		Case number (if known)
Houston, TX 77066	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Jefferson Capital Systems, LLC	Line <b>4.18</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
16 Mcleland Rd		■ Part 2: Creditors with Nonpriority Unsecured Claims
Saint Cloud, MN 56303	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Trenova Health Care	Line <b>4.19</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
435 2nd Street Newport, TN 37821		■ Part 2: Creditors with Nonpriority Unsecured Claims
• •	Last 4 digits of account number	

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 12,063.86
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 12,063.86

		17/7/4/11/11	<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	James Elbert McCarson			
	First Name	Middle Name	Last Name	
Debtor 2	Bessie Lou Mcca	rson		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number				
(if known)				

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Pro Leasing, LLC PO Box 413110 Salt Lake City, UT 84141	Acct# 8014247818 Opened 2016 Lease ID. 88183500

		Documei	nt Page 35 of	67	•	
Fill in this	information to identify your	case:				
Debtor 1	James Elbert Mc0					
Dobtor 2	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filin	Bessie Lou Mcca First Name	Middle Name	Last Name			
United Stat	tes Bankruptcy Court for the:	DISTRICT OF SOUTH C	AROLINA			
Case numb	per					Check if this is an amended filing
Official	Form 106H					
Sched	ule H: Your Cod	ebtors				12/15
people are fill it out, ar your name	are people or entities who a filing together, both are equ nd number the entries in the and case number (if known)	ally responsible for suppl boxes on the left. Attach . Answer every question.	lying correct information the Additional Page to	on. If more space is this page. On the to	needed, co	py the Additional Page,
1. 00 )	you have any codebtors? (If	ou are ming a joint case, d	o not list either spouse a	is a codebior.		
■ No						
☐ Yes						
	nin the last 8 years, have you a, California, Idaho, Louisiana,					d territories include
■ No	Go to line 3.					
	. Did your spouse, former spou	ise, or legal equivalent live	with you at the time?			
in line Form 1	umn 1, list all of your codebt 2 again as a codebtor only i 106D), Schedule E/F (Official Ilumn 2.	f that person is a guarant	or or cosigner. Make s	ure you have listed t	the creditor	on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The cr Check all schedul		hom you owe the debt y:
3.1				☐ Schedule D, lir	ne	
	Name			☐ Schedule E/F,		
				☐ Schedule G, lii	ne	
	Number Street City	State	ZIP Code			
3.2				☐ Schedule D, lir	ne _	
1	Name			☐ Schedule E/F,☐ Schedule G, lii		
_	Number Street					

State

City

ZIP Code

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						•				
	Fill in this information to identify your case:  Debtor 1									
	<u> </u>	Bessie Lou Mccarson								
(Spo	ouse, if filing)									
Uni	ited States Bankruptcy Court for the	e: DISTRICT OF SOUTH	H CAROLINA		_					
Case number			-			Chec	k if this is	<u>.</u>		
(If known)						1	n amende	-		
						」 □ A 1:	suppleme 3 income	ent showing as of the fo	g postpetition Illowing date:	chapter
0	fficial Form 106I					M	M / DD/ Y	/YYY		
S	chedule I: Your Inc	ome								12/1
atta Pa	use. If you are separated and yo ch a separate sheet to this form.  The describe Employment	On the top of any addition								
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fil	ing spouse	
	If you have more than one job,	Employment status	☐ Employed				☐ Employed			
	attach a separate page with information about additional employers.	Employment status	■ Not employed				■ Not employed			
		Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	here?				_			
Pai	rt 2: Give Details About Mo	onthly Income								
spo	imate monthly income as of the ouse unless you are separated.				•				·	-
	e space, attach a separate sheet to			ni ioi ali c	прі	0,013 101	inai perse		ics below. II	you need
						For Dek	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sale deductions). If not paid monthly,	•		2.	\$		0.00	\$	0.00	-
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	0.00	<u>-</u>
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$		0.00	\$	0.00	

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	tor 1 tor 2	James Elbert McCarson  Bessie Lou Mccarson		(	Case	e number ( <i>if kno</i>	vn)				
					Fo	r Debtor 1			or Debtor on-filing s		
	Cop	by line 4 here	4.		\$_	0.	00	\$	9	0.00	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	0.	00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$		00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c	<b>:</b> .	\$		00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d	i.	\$		00	\$		0.00	_
	5e.	Insurance	5e	<b>)</b> .	\$		00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$	0.	00	\$		0.00	
	5g.	Union dues	5g	J.	\$	0.	00	\$		0.00	_
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.	00	+ \$ _		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.	00	\$_		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.	00	\$_		0.00	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$_		00	\$_		0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce			\$_		00	\$_		0.00	_
		settlement, and property settlement.	80		\$_		00	\$_		0.00	_
	8d.	Unemployment compensation	8d		\$_		00	\$_		0.00	_
	8e. 8f.	Social Security	8e	€.	\$_	791.	00	\$ <sub>_</sub>		771.00	_
	OI.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP	e 8f.		\$	260.	00	\$		0.00	
	8g.	Pension or retirement income	8g		\$	0.	00	\$		0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$_	0.	00	+ \$_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	1,051.	00	\$_		771.0	0
10	Cald	culate monthly income. Add line 7 + line 9.	10.	¢		1,051.00 +	•		771.00		1,822.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		1,031.00	Ψ-		771.00		1,022.00
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Scheduloude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	ır depe					•	Schedule	e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies							e. 12.	\$	1,822.00
13.	Do y	you expect an increase or decrease within the year after you file this forn No.	n?							Combi	ned ly income
	_	Yes. Explain:									

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Fill	in this informa	tion to identify yo	our case:			1				
Deb	tor 1	James Elber	t McCars	on		Ch	eck if this is	S:		
Dob	tor 2	Danie I au B						nded filing	ving postpotition shorter	_
	ouse, if filing)	Bessie Lou M	viccarsor						wing postpetition chapter the following date:	
Unit	ed States Bankr	ruptcy Court for the:	: DISTRIC	CT OF SOUTH CAROLIN	Α		MM / DD	) / YYYY		
Cas	e number									
(If kı	nown)									
Of	fficial Fo	rm 106J								
Sc	chedule	J: Your I	Expen	ses					12	/1
info	ormation. If m		eded, atta	If two married people and the change of the						
Par		ibe Your House	hold							
1.	Is this a joir									
	□ No. Go to			ota hawaahald?						
		s Debtor 2 live i	m a separa	ate nousenoid?						
	■ N □ Y	-	st file Officia	al Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of De	ebtor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Depe age	ndent's	Does dependent live with you?	
	Do not state								□ No	
	dependents	names.							☐ Yes ☐ No	
									□ No □ Yes	
									□ No	
									☐ Yes	
									□ No □ Yes	
3.		oenses include f people other tl	han	No					_ 100	
		d your depender		Yes						
		ate Your Ongoi								
exp	imate your ex enses as of a blicable date.	openses as of your date after the b	our bankru pankruptc	uptcy filing date unless y y is filed. If this is a supp	you are using this f olemental <i>Schedule</i>	orm as a s e <i>J</i> , check	supplemer the box at	nt in a Cha the top o	apter 13 case to report of the form and fill in the	е
				government assistance i						
(Off	ficial Form 10	)6I.)					_	Your exp	enses	
4.		or home owners		ses for your residence. I	Include first mortgag	e 4.	\$		500.00	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		rty, homeowner's	s, or renter'	s insurance		4a. 4b.			0.00 0.00	
	4c. Home	maintenance, re	pair, and u	pkeep expenses		4c.			0.00	
5.		owner's associat		dominium dues o <b>ur residence</b> , such as ho	nme equity loans	4d. 5.	·		0.00 0.00	
J.	Auditional	Lyaye payille	onto for yo	ai residence, such as no	ine equity toatts	5.	Ψ		0.00	

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Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Tour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify:	6a. 6b. 6c. 6d.	\$ \$ \$	125.00 50.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Dersonal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). Other payments you make to support others who do not live with you.	6b. 6c. 6d.	\$	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	6b. 6c. 6d.	\$	
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6c. 6d.	· -	50.00
6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Dersonal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Tour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	6d.	\$	50.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). Other payments you make to support others who do not live with you.	-		173.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	7.	\$	0.00
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.		\$	465.00
Description of the contribution of the contrib	8.	\$	0.00
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	9.	\$	25.00
Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.	10.	\$	50.00
Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.	11.	\$	100.00
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.			
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	12.	\$	80.00
Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  Furniture  17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.	13.	\$	20.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  7. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  7. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.	14.	\$	0.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  7. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  7. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18d. Other payments you make to support others who do not live with you.			
15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you.			
15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 17d. Other payments you make to support others who do not live with you.	15a.	·	160.67
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you.	15b.	·	0.00
S. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 3. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 3. Other payments you make to support others who do not live with you.	15c.	\$	40.00
Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.	15d.	\$	0.00
7. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  9. Other payments you make to support others who do not live with you.			
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:  Syour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	16.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: Furniture 17d. Other. Specify:  3. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  3. Other payments you make to support others who do not live with you.		•	
17c. Other. Specify: Furniture  17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.	17a.	·	0.00
17d. Other. Specify:  3. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).  3. Other payments you make to support others who do not live with you.	17b.	·	0.00
<ul> <li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li> <li>Other payments you make to support others who do not live with you.</li> </ul>	17c.	*	60.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.	17d.	\$	0.00
Other payments you make to support others who do not live with you.	18.	<b>c</b>	0.00
	10.	\$	
Specify:	4.0	\$	0.00
Other real preparty sympasses not included in lines 4 or 5 of this form or an Cahadul	19.	Income	
<ol> <li>Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property</li> </ol>	20a.		0.00
20b. Real estate taxes	20a. 20b.	·	
	20c.		0.00
20c. Property, homeowner's, or renter's insurance		·	0.00
Maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues	20d.		0.00
	20e.	\$	0.00
. Other: Specify: Pet/vet care	21.	+\$	20.00
2. Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	1,868.67
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,868.67
220. Add line 228 and 225. The result is your monthly expenses.		Ψ	1,000.07
3. Calculate your monthly net income.	'		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,822.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	1,868.67
		-	
23c. Subtract your monthly expenses from your monthly income.	00	¢.	46.67
The result is your monthly net income.	23c.	\$	-46.67
I. Do you expect an increase or decrease in your expenses within the year after you file. For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			or decrease because of a
■ No.			
Tyes Explain here:			

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						1
Fill in this info	rmation to identify your	case:				
Debtor 1	James Elbert Mc	Carson				
	First Name	Middle Name	Las	t Name		
Debtor 2	Bessie Lou Mcca	rson				
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States E	Bankruptcy Court for the:	DISTRICT OF SOUTH CAROL	LINA			
Case number						
(if known)						☐ Check if this is an
						amended filing
If two married   You must file the	people are filing togethe	n connection with a bankruptcy	for s	upplyir	ng correct information.	tement, concealing property, or 00, or imprisonment for up to 20
Si	gn Below					
Did you p	pay or agree to pay some	one who is NOT an attorney to	help	you fil	l out bankruptcy forms?	
■ No						
☐ Yes.	Name of person				Attach Bar	nkruptcy Petition Preparer's Notice,
	·				Declaration	n, and Signature (Official Form 119)
that they a	nalty of perjury, I declare are true and correct. mes Elbert McCarson	that I have read the summary a			es filed with this declarati	ion and
	s Elbert McCarson				ie Lou Mccarson	
Signat	ture of Debtor 1			Signat	ure of Debtor 2	
Date	February 20, 2019			Date	February 20, 2019	

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	this information to identify your			
Debtor	1 James Elbert Mc	Carson Middle Name	Last Name	
Debtor			Last Name	
(Spouse	- Doddie Lou Mood	Middle Name	Last Name	
United	States Bankruptcy Court for the:	DISTRICT OF SOUTH CAP	COLINA	
Case r (if known	number )			☐ Check if this is an amended filing
State Be as c	omplete and accurate as possil	ole. If two married people are	uals Filing for Bankruptcy filing together, both are equally responsible is form. On the top of any additional pages,	
Part 1:	Give Details About Your Man	rital Status and Where You L	ived Before	
. W	hat is your current marital status	s?		
. wi	hat is your current marital status  Married  Not married	s?		
	Married		nere you live now?	
	Married Not married		nere you live now?	
. Du	Married Not married uring the last 3 years, have you l	ived anywhere other than w	·	
. Du	Married Not married  Iring the last 3 years, have you I	ived anywhere other than w	·	Dates Debtor 2 lived there
D 33	Married Not married  Iring the last 3 years, have you I  No Yes. List all of the places you live	ived anywhere other than who we will be seen than who we will be seen to make the seen that the last 3 years. Do not the best of 1	include where you live now.	

Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Page 42 of 67 Document Debtor 1 James Elbert McCarson Debtor 2 **Bessie Lou Mccarson** Case number (if known) Part 2 **Explain the Sources of Your Income** Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until SNAP \$520.00 the date you filed for bankruptcy: Social Security **Social Security** \$9,492.00 \$9,252.00 **Benefits Benefits** For last calendar year: Social Security \$9,240.00 **Social Security** \$9,000.00 (January 1 to December 31, 2018) **Benefits Benefits SNAP** \$2,600.00 For the calendar year before that: Social Security \$9,000.00 **Social Security** \$8,820.00 (January 1 to December 31, 2017) **Benefits Benefits SNAP** \$3,120.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 

individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

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No

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Official Form 107

П Yes Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Mai Document Page 44 of 67

Debtor 2 **Bessie Lou Mccarson** Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Attorney Fees - \$1425 \$1,760.00 Upright Law Payment 79 W. Monroe St. Filing Fee - \$335 made in Fifth Floor installments Chicago, IL 60603 between danawilkinson@danawilkinsonlaw.com 9/19/2016 -1/24/2018 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Debtor 1

James Elbert McCarson

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Debtor 1 James Elbert McCarson
Debtor 2 Bessie Lou Mccarson

Case number (if known)

	include gifts and transfers that you have alread ■ No □ Yes. Fill in the details.	dy listed on this statement			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer	red	Describe any property or payments received or debts paid in exchange	Date transfer was made
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  ■ No □ Yes. Fill in the details.		y property to a self-	-settled trust or similar device	of which you are a
	Name of trust	Description and v	alue of the property	y transferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Storag	e Units	
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, asso No  Yes. Fill in the details.	or other financial accou	nts; certificates of d		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any sa	afe deposit box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than your	home within 1 year	r before you filed for bankrupt	cy?
	Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	for Someone Else			
23.	Do you hold or control any property that so for someone.  No Yes. Fill in the details.	meone else owns? Inclu	ude any property yo	ou borrowed from, are storing	for, or hold in trust
	Owner's Name	Where is the prop		scribe the property	Value
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, S Code)	otate and ZIP		

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Debtor 1 James Elbert McCarson
Debtor 2 Bessie Lou Mccarson

Case number (if known)

Part 10:	Give Details About F	Environmental Informa	tion

For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		waste, hazardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when t	hey occurred.			
24.	Has any governmental unit notified you that you	u may be liable or potentially liable u	nder or in violation of an environm	ental law?		
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any	release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or adminis	strative proceeding under any enviro	onmental law? Include settlements	and orders.		
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	t 11: Give Details About Your Business or Con	nections to Any Business				
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have any	of the following connections to an	y business?		
	☐ A sole proprietor or self-employed in a t	trade, profession, or other activity, e	ither full-time or part-time			
	☐ A member of a limited liability company	(LLC) or limited liability partnership	(LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing execut	tive of a corporation				
	☐ An owner of at least 5% of the voting or equity securities of a corporation					

**Business Name** 

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Employer Identification number

**Dates business existed** 

Do not include Social Security number or ITIN.

Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Document Page 47 of 67 **James Elbert McCarson** Debtor 1 Debtor 2 **Bessie Lou Mccarson** Case number (if known) Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James Elbert McCarson /s/ Bessie Lou Mccarson **Bessie Lou Mccarson** James Elbert McCarson Signature of Debtor 1 Signature of Debtor 2 Date February 20, 2019 Date February 20, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	ation to identify your cas	se:		
Debtor 1				
Debior	James Elbert McCa	Middle Name	Last Name	
Debtor 2	Bessie Lou Mccarse			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	DISTRICT OF SC	DUTH CAROLINA	
Case number				
(if known)				☐ Check if this is an
				amended filing
041.15	400			
Official For	m 108			
Statemen	t of Intention	for Indiv	/iduals Filing Under Chapt	er 7 12/15
	ridual filing under chapte claims secured by your	-	ii out this form if:	
_	ed personal property and		not expired.	
You must file this	form with the court with ver is earlier, unless the o	nin 30 days after	you file your bankruptcy petition or by the date s le time for cause. You must also send copies to the	
	d date the form.	a joint case, bo	oth are equally responsible for supplying correct i	ntormation. Both deptors must
Be as complete a	nd accurate as possible.	If more space i	s needed, attach a separate sheet to this form. On	the top of any additional pages,
write yo	ur name and case numb	er (if known).	·	
Part 1: List Yo	ur Creditors Who Have S	Secured Claims		
1. For any credito	rs that vou listed in Part	1 of Schedule [	D: Creditors Who Have Claims Secured by Propert	v (Official Form 106D), fill in the
information bel	ow.			
Identify the cree	ditor and the property that	is collateral	What do you intend to do with the property that secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's Ba	adcock Furniture		■ Surrender the property.	□ No
name:			Retain the property and redeem it.	
			Retain the property and enter into a	Yes
•	Queen Bed, Chest, D		Reaffirmation Agreement.	
property securing debt:	w/mirror 6 years old, table w/8 chairs 8 ye		☐ Retain the property and [explain]:	
	,			_
Creditor's <b>Fa</b>	rmers Furniture		_	□No
name:	ininers i uninture		■ Surrender the property.	□ NO
name.			<ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul>	Yes
Description of	Lawnmower, 12 x 4 s	safe	Reaffirmation Agreement.	. 00
property	•		☐ Retain the property and [explain]:	
securing debt:				
Creditor's Or	neMain Financial		■ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	<u>_</u>
Docorintian of	2002 D	2000	☐ Retain the property and enter into a	Yes
Description of	2003 Dodge Ram 250 miles	JUUU +	Reaffirmation Agreement.	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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	es Elbert McCarson ie Lou Mccarson	Case number (if known	)
property securing debt:	VIN# 1D7HU18N83S140423; Vehicle does not run, needs engine, has not operated in over two years.	☐ Retain the property and [explain]:	_
Creditor's <b>Pr</b>	o Leasing, LLC	■ Surrender the property.  □ Retain the property and redeem it.	□ No
Description of property securing debt:	Queen Mattress and Box Spring-no resale value	☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:	■ Yes
Creditor's <b>Q</b> r	uick Credit	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No ■ Yes
Description of property securing debt:	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9	<ul><li>Retain the property and enter into a Reaffirmation Agreement.</li><li>Retain the property and [explain]:</li></ul>	■ Yes
	years, window a/c unit 10+years.	avoid lien using 11 U.S.C. § 522(f)	_
Creditor's Qu	uick Credit	☐ Surrender the property. ☐ Retain the property and redeem it.	□No
Description of property securing debt:	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9	Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	■ Yes
	years, window a/c unit 10+years.	avoid lien using 11 U.S.C. § 522(f)	_
Creditor's Re	epubic Finance	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a	□ No ■ Yes
Description of property securing debt:	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9	Reaffirmation Agreement.  Retain the property and [explain]:	_ 163
	years, window a/c unit 10+years.	avoid lien using 11 U.S.C. § 522(f)	_
Creditor's So	outhern Finance	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9	<ul><li>Retain the property and enter into a Reaffirmation Agreement.</li><li>Retain the property and [explain]:</li></ul>	■ Yes
	years, window a/c unit 10+years.	avoid lien using 11 U.S.C. § 522(f)	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

### Case 19-01009-hb Doc 1 Page 50 of 67 Document

	es Elbert McCarson ie Lou Mccarson	Case number (if know	vn)
Creditor's <b>W</b>	orld Acceptance/Finance Corp	☐ Surrender the property. ☐ Retain the property and redeem it.	□No
Description of property securing debt:	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9	Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	■ Yes
	years, window a/c unit 10+years.	avoid lien using 11 U.S.C. § 522(f)	
Creditor's <b>W</b>	orld Acceptance/Finance Corp	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	Furniture, appliances and miscellaneous household items including; refrigerator, stove, microwave, dishwasher, all 8-9 years, window a/c unit 10+years.	Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  avoid lien using 11 U.S.C. § 522(f)	■ Yes

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes

Official Form 108

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11		der of mariner. I dealers that I have indicated	d my intention above	t any menously of my actata that accuracy a daht and any naveaud
	or nona	Ity of periury. I declare that I have indicate	ed my intention abou	t any property of my estate that secures a debt and any personal
	•	at is subject to an unexpired lease.	,	,   ,,
	perty tha		•	/s/ Bessie Lou Mccarson
prop	erty tha	at is subject to an unexpired lease.	•	
prop	erty that /s/ Ja Jame	at is subject to an unexpired lease. mes Elbert McCarson	•	/s/ Bessie Lou Mccarson

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Fill in this infor	1	Check one box only 22A-1Supp:	as dir	rected in this forn	n and	in Form
Deptor i	James Elbert McCarson					
Debtor 2 (Spouse, if filing)	Bessie Lou Mccarson	■ 1. There is no	presu	imption of abuse		
	Bankruptcy Court for the: District of South Carolina		be m	o determine if a p ade under <i>Chap</i> i cial Form 122A-2	ter 7 N	•
(if known)		☐ 3. The Means qualified m		does not apply no service but it cou		
		☐ Check if this	is ar	n amended filin	a	
Official F	orm 122A - 1				J	
	7 Statement of Your Current Monthly In	como				40/45
Chapter	7 Statement of Your Current Monthly III	come				12/15
Part 1: Ca	ry service, complete and file Statement of Exemption from Presumption of Abus alculate Your Current Monthly Income your marital and filing status? Check one only.	se Under § 707(b)(2)	(Offici	al Form 122A-1Su	nbb) m	ith this form.
	arried. Fill out Column A, lines 2-11.					
■ Marrie	ed and your spouse is filing with you. Fill out both Columns A and B, line	es 2-11.				
☐ Marrie	ed and your spouse is NOT filing with you. You and your spouse are:					
Livi	ing in the same household and are not legally separated. Fill out both C	columns A and B, li	nes 2	-11.		
per	ing separately or are legally separated. Fill out Column A, lines 2-11; do nalty of perjury that you and your spouse are legally separated under nonbang apart for reasons that do not include evading the Means Test requirement	ankruptcy law that a	applie	s or that you and		
101(10A). For the 6 months,	erage monthly income that you received from all sources, derived during the 6 from all sources, derived during the 6 from the same filing on September 15, the 6-month period would be March 1 through add the income for all 6 months and divide the total by 6. Fill in the result. Do not include the same rental property, put the income from that property in one column only. If you	ough August 31. If the lude any income amou	e amou unt mo	unt of your monthly ore than once. For e	incomexampl	ne varied during le, if both
		Column A Debtor 1		Column B Debtor 2 or non-filing spor	use	
	ss wages, salary, tips, bonuses, overtime, and commissions (before a eductions).	   \$ <b>0.</b> 0	00	\$ 0.	.00	

0.00

0.00

4.	of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3.	t. Includ ld, your pouse o	le regular depende only if Co	r contributions nts, parents,	0.00	\$ 0.00
5.	Net income from operating a business, profession	, or tarr		otor 1		
	Ocean was state (hateus all de destace)	\$	0.00	otor i		
	Gross receipts (before all deductions)	· -				
	Ordinary and necessary operating expenses	<b>-</b> \$ _	0.00			
	Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here -> \$	0.00	\$ 0.00
6.	Net income from rental and other real property					
			Deb	otor 1		
	Gross receipts (before all deductions)	\$	0.00			
	Ordinary and necessary operating expenses	-\$	0.00			
	Net monthly income from rental or other real property	\$	0.00	Copy here -> \$	0.00	\$ 0.00
7.	Interest, dividends, and royalties			\$	0.00	\$ 0.00

3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.

Official Form 122A-1

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Page 53 of 67 James Elbert McCarson Debtor 1 **Bessie Lou Mccarson** Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. . SNAP 260.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 260.00 0.00 260.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 260.00 Multiply by 12 (the number of months in a year) **x** 12 3,120.00 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. SC Fill in the number of people in your household. Fill in the median family income for your state and size of household. 58,396.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ James Elbert McCarson X /s/ Bessie Lou Mccarson James Elbert McCarson **Bessie Lou Mccarson** Signature of Debtor 2

Signature of Debtor 1

Date February 20, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Date February 20, 2019

MM / DD / YYYY

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Debtor 1 Debtor 2 James Elbert McCarson Bessie Lou Mccarson

Case number (if known)

## **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 08/01/2018 to 01/31/2019.

**Line 10 - Income from all other sources** Source of Income: **SNAP** 

Constant income of \$260.00 per month.

Non-CMI - Social Security Act Income

Source of Income: Soc Sec

Constant income of \$791.00 per month.

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Debtor 1 Debtor 2 James Elbert McCarson Bessie Lou Mccarson

Case number (if known)

### **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 08/01/2018 to 01/31/2019.

Non-CMI - Social Security Act Income

Source of Income: Soc Sec

Constant income of \$771.00 per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-01009-hb Doc 1 Filed 02/21/19 Entered 02/21/19 12:29:30 Desc Main Document Page 60 of 67

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of South Carolina

In re	Bessie Lou M	t McCarson Mccarson		Case No.	
			Debtor(s)	Chapter	7
	DI	SCLOSURE OF CO	MPENSATION OF ATTO	ORNEY FOR DI	EBTOR(S)
C	ompensation paid	to me within one year before	P. 2016(b), I certify that I am the attempt the filing of the petition in bankrupt plation of or in connection with the b	cy, or agreed to be paid	to me, for services rendered or to
	For legal servi	ces, I have agreed to accept		\$	1,425.00
	Prior to the fil	ing of this statement I have re-	ceived	\$	1,425.00
	Balance Due			\$	0.00
2. \$	335.00 of th	ne filing fee has been paid.			
3.	The source of the c	ompensation paid to me was:			
	Debtor	☐ Other (specify):			
l. 1	The source of comp	pensation to be paid to me is:			
	Debtor	☐ Other (specify):			
5.	■ I have not agree	ed to share the above-disclose	ed compensation with any other person	on unless they are mem	bers and associates of my law firm
			ompensation with a person or person f the names of the people sharing in		
5.	n return for the ab	ove-disclosed fee, I have agre	eed to render legal service for all asp	ects of the bankruptcy	case, including:
ł	<ul><li>Preparation and</li><li>Representation</li></ul>	filing of any petition, schedul of the debtor at the meeting of	nd rendering advice to the debtor in or les, statement of affairs and plan wh f creditors and confirmation hearing.	ich may be required;	
(		ces, except those identific	ed in paragraph 7 below, that a cluding but not limited to:	re reasonably conte	emplated to achieve the
	counseli (2) Prepa (3) Repre (4) Amer necessal (5) Motio (6) Motio (7) Advis agreeme signed b	ing agency for prepetition aration and filing of all local esentation of the debtor and any list, schedule, statery or appropriate; ons under § 522(f) to avoice the debtor with respective the debtor with respective.	cally required forms; at the § 341 meeting; ement, and/or other document d liens on exempt property; abandonment, or proceedings to any reaffirmation agreement of the debtor; and attend all he	required to be filed to clear title to real   nt; negotiate, prepar	with the petition as may be property owned by the debtor and file reaffirmation

- (9) Negotiate, prepare and file reaffirmation agreements;
- (10) Motions under § 722 to redeem exempt personal property from liens;
- (11) Compile and forward to the trustee and the United States trustee any documents and information requested;
- (12) Consult with the debtor and if there is a valid defense or explanation, respond to a motion for relief from the automatic stay:
- (13) File the debtor's certification of completion of instructional course concerning financial management (Official Form 423); and
- (14) Disclose any agreement and fee arrangement regarding the potential retention of co-counsel.
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Notwithstanding any agreement to the contrary, representation of the Debtor in any dischargeability action, adversary proceedings, or heavily litigated matters that are not listed in Paragraph 6 above.

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In re	James Elbert McCarson Bessie Lou Mccarson		Case No.	
		Debtor(s)		

### **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete stat this bankruptcy proceeding.	ement of any agreement or arrangement for payment to me for representation of the debtor(s) is
February 20, 2019	/s/ Däna Wilkinson
Date	Däna Wilkinson 04663
	Signature of Attorney
	Upright Law
	365-C East Blackstock Road
	Spartanburg, SC 29301
	864-574-7944 Fax: 864-574-7531
	danawilkinson@danawilkinsonlaw.com
	Name of law firm

### LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

## **United States Bankruptcy Court District of South Carolina**

In re	Bessie Lou Mccarson	Case No.		
		Debtor(s)	Chapter	7

### CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

	copy scannable format which has been compared to, and contains lists which are being filed at this time or as they currently exist in draft
Master mailing list of creditors submitted via	:
(a) computer diskette	
(b) scannable hard copy (number of sheets submitted	)
(c) X electronic version filed	via CM/ECF
Date: <b>February 20, 2019</b>	/s/ James Elbert McCarson
	James Elbert McCarson
	Signature of Debtor
Date: <b>February 20, 2019</b>	/s/ Bessie Lou Mccarson
	Bessie Lou Mccarson
	Signature of Debtor
Date: <b>February 20, 2019</b>	/s/ Däna Wilkinson
	Signature of Attorney
	Däna Wilkinson 04663
	Upright Law
	365-C East Blackstock Road Spartanburg, SC 29301
	864-574-7944 Fax: 864-574-7531
	Typed/Printed Name/Address/Telephone
	04663 SC
	District Court I.D. Number

Ismas Elbert McCarson

ALLSTATE AUTO INSURANCE C/O CREDIT COLLECTION SERVICES 725 CLAYTON STREET NORWOOD MA 02062

APPLIED BUSINESS SERVICES, INC. SECURITY COLLECTION AGENCY 617 SOUTHSIDE RD. EDENTON NC 27932

BADCOCK FURNITURE 5559 CALHOUN MEMORIAL HWY EASLEY SC 29640

BAPTIST EASLEY PHYSICIANS PO BOX 2089 EASLEY SC 29641

BLUE RIDGE ELECTRIC 734 W MAIN ST PICKENS SC 29671

BROAD RIVER ELECTRIC 811 HAMRICK ST GAFFNEY SC 29340

CANNON MEMORIAL HOSPITAL 123 WG ACKER DRIVE PICKENS SC 29671

CBE GROUP ATTN: BANKRUPTCY 1309 TECHNOLOGY PARKWAY CEDAR FALLS IA 50613

CBE GROUP 1309 TECHNOLOGY PKWY CEDAR FALLS IA 50613

COMMISSION OF PUBLIC WORKS 301 MCCALL ST GREER SC 29650

DACUSVILLE CEDAR ROCK WATER CO. C/O BETHLEHEM ROANOKE WATER DISTRICT 4502 MOORFIELD MEMORIAL PICKENS SC 29671

DIVERSIFIED CONSULTANTS, INC. ATTN: BANKRUPTCY PO BOX 551268 JACKSONVILLE FL 32255

DIVERSIFIED CONSULTANTS, INC. P O BOX 551268

JACKSONVILLE FL 32255

DUKE ENERGY PO BOX 1003 CHARLOTTE NC 28201

EASLEY COMBINED UTILITY SYSTEM 110 PENDLETON ST EASLEY SC 29640

ERC/ENHANCED RECOVERY CORP ATTN: BANKRUPTCY 8014 BAYBERRY ROAD JACKSONVILLE FL 32256

ERC/ENHANCED RECOVERY CORP 8014 BAYBERRY RD JACKSONVILLE FL 32256

FARMERS FURNITURE ATTN: BANKRUPTCY DEPARTMENT PO BOX 1140 DUBLIN GA 31040

FARMERS FURNITURE PO BOX 1140 DUBLIN GA 31040

FMN ALLIANCE 12339 CUTTEN RD HOUSTON TX 77066 FORT HILL NATURAL GAS 311 S PENDLETON ST EASLEY SC 29640

GHC EQUIPMENT FOR LIFE PO BOX 9098
GREENVILLE SC 29604

GREENVILLE COUNTY EMS PO BOX 863 LEWISVILLE NC 27023

GREENVILLE WATER SYSTEM 407 W BROAD ST GREENVILLE SC 29601

JEFFERSON CAPITAL SYSTEMS, LLC PO BOX 1999 SAINT CLOUD MN 56302

JEFFERSON CAPITAL SYSTEMS, LLC 16 MCLELAND RD SAINT CLOUD MN 56303

NEW PORT MEDICAL CENTER PO BOX 743618 ATLANTA GA 30374

ONE MAIN/SPRINGLEAF FINANCIAL CHERRYDALE POINT SHOPPING CTR 3261 N PLEASANTBURG DR GREENVILLE SC 29609

ONEMAIN FINANCIAL ATTN: BANKRUPTCY 601 NW 2ND STREET EVANSVILLE IN 47708

PIONEER PUBLISHER SVC, INC. C/O MALCOLMS GERALD AND ASSOCIATES, INC. 332 SOUTH MICHIGAN AVE. SUITE 600 CHICAGO IL 60604 PRO LEASING, LLC PO BOX 413110 SALT LAKE CITY UT 84141

QUICK CREDIT 1110 N. MAIN ST. ANDERSON SC 29621

QUICK CREDIT/SMC 150 EXECUTIVE CENTER DRIVE GREENVILLE SC 29615

REPUBIC FINANCE 2400 N PLEASANTBURG DR S STE F GREENVILLE SC 29609

SC DEPARTMENT OF REVENUE PO BOX 125 COLUMBIA SC 29214

SOUTHERN FINANCE 112 NW MAIN ST EASLEY SC 29640

SOUTHERN FINANCE 150 EXECUTIVE CENTER PO BOX 102 GREENVILLE SC 29615

SPARTANBURG WATER SYSTEM 200 COMMERCE ST SPARTANBURG SC 29306

TRENOVA HEALTH CARE 435 2ND STREET NEWPORT TN 37821

VENGROFF WILLIAMS, INC. PO BOX 4155 SARASOTA FL 34230-4155

VERIZON WIRELESS PO BOX 4846 TRENTON NJ 08650

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WORLD ACCEPTANCE/FINANCE CORP ATTN: BANKRUPTCY PO BOX 6429 GREENVILLE SC 29606

WORLD ACCEPTANCE/FINANCE CORP 504 W MAIN ST SUITE 6 EASLEY SC 29640

WORLD ACCEPTANCE/FINANCE CORP PO BOX 6429 GREENVILLE SC 29606